

For Office Use Only
Client ID # _____
Field Office _____
Caseload # _____
Date DD Keyed _____
Case Mgr Approval _____

IDAHO DIRECT DEPOSIT ENROLLMENT FORM

Instructions:

- Section 1 must be completed by participant.
- Section 2 must be completed by financial institution (i.e., bank or credit union). A voided check or statement from your bank is sufficient.
- **Return completed form to your local Health & Welfare office.**

A new enrollment form must be completed if you choose to change financial institutions or accounts.

SECTION 1 - Case Name Information. *(Completed on the individual to whom cash payments are made.)*

Case Name: _____ Birth Date: _____

Social Security Number _____ - _____ - _____ Phone #: _____

I authorize Citicorp Services, Inc., as designated agent for the Idaho Department of Health and Welfare, to deposit my cash payments directly into my personal checking/savings account and if necessary, reverse any incorrect deposits related to the Idaho Electronic Payment System. I authorize my financial institution to provide the information in section 2.

Signature _____ Date _____

SECTION 2 - Bank Account Information. *To be completed by a representative of your financial institution. This section does not need to be completed if you have attached a voided check.*

Financial Institution _____

Address _____

City _____ State _____ Zip Code _____

Type of Account (check one): ☐ Checking ☐ Savings

Account Holder's Name: _____

Account Number _____

Routing/Transit number _____

I certify the Bank Routing/Transit number and the Personal Bank Account listed above are correct.

Signature of representative

Printed name of representative

Bank/Branch

Phone number

Date

REPORT IMMEDIATELY changes to your banking information or if your account closes.